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Working With Insurance Out of Network Benefits

Dr. Ferguson is an out-of-network (OON) provider for most insurance plans. To access insurance benefits, you will be responsible for securing authorization and filing any claim forms. Dr. Ferguson's office does not bill insurance. Dr. Ferguson's office will supply you with a Super Bill (receipt), with all the necessary codes to submit to your insurance plan; however, there is no guarantee of coverage. If authorization for OON benefits is not obtained prior to your appointment with Dr. Ferguson, your insurance company may deny your claim. Follow these steps to request approval for out-of-network benefits:

- 1) Contact your insurance plan to see if you will be reimbursed for Dr. Ferguson's services by calling the number on the back of your insurance card. If there is a number for Behavioral Health or Mental Health, use this number. Ask to speak with someone regarding Out-of-Network Benefits for Behavioral Health or Mental Health services.
- 2) You will most likely be given a list of providers who are on your insurance panel. If you are seeking specialized services, such as psychological diagnostic services, therapy for children or teens, the Art Therapy Group, or therapy for more severe symptoms, then Dr. Ferguson's specialized services may be approved. Only "Medically Necessary" services are approved (symptoms that are causing significant distress, or most assessment services), versus services that are not considered Medically Necessary (career counseling, for example).
- 3) Request the following services: All clients start with an Intake session (90791), and therapy may be Individual (90834), Family (90846 / 90847), or our Art Group Therapy (90853).
- 4) Ask whether a form must be filled out and, if so, request a copy of this form. Note the fax number or address where this form should be sent: _____
- 5) Complete the top portion of the form including the client's name and date of birth, the insured's name and social security number, the insurance name and ID number, etc. Dr. Ferguson can help you to complete the form if necessary.
- 6) Ask the insurance company what you would be reimbursed, based on the following CPT codes. Dr. Ferguson's fees are noted so that you can compare this with your reimbursement rate:
 - a. 90791 Psychiatric Diagnostic Interview (all clients begin with this Intake), \$250
 - b. 96101 Psychological Testing, \$175 per hour
 - c. 90834 Individual Psychotherapy, \$140 per 50-minute session
 - d. 90846 Family Therapy, without child or patient present, \$140 per 50-minute session
 - e. 90847 Family Therapy, with child or patient present, \$140 per 50-minute session
 - f. 90853 Art Group Therapy, \$65 per 60-minute session
- 7) Ask the insurance company to quote you the amount they will reimburse you in a dollar figure, based on the CPT codes above. They may say that reimbursement is a percentage (such as 60%). This means that they will reimburse you 60% of the "usual and customary rate" (UCR) set by the insurance company; this is not 60% of Dr. Ferguson's fee. For example, the insurance company will reimburse 60% of the UCR of \$100 for therapy, or \$60, out of Dr. Ferguson's total fee of \$140. Be sure to ask about co-pays, deductibles, and annual limits.

Feel free to contact Dr. Ferguson's office with any questions